

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034106

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 163

FILED OCT 1 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>OKLA.</u> b. COUNTY <u>OKLA.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>NORTH KANSAS CITY</u> Length of stay in lb <u>D.O.A.</u>		c. CITY OR TOWN <u>OKLAHOMA CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. NORTH KAN. CITY HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>UNKNOWN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Kenneth Thomas Gaillard</u>		4. DATE OF DEATH Month Day Year <u>Sept. 20- 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1-11-1927</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASER-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PITTSBURG PLATE GLASS CO.</u>	11. BIRTHPLACE (City and state or country) <u>UNKNOWN, OKLA.</u>
13a. FATHER'S NAME <u>Auther T. Gaillard</u>		13b. MOTHER'S MAIDEN NAME <u>Manie Jones-</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.I.</u>		17. INFORMANT Address <u>MANIE GAILLARD- BLACKWELL OKLA.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GROSS HEMORRAGE</u> DUE TO (b) <u>RUPTURED AORTA</u> DUE TO (c) <u>MOTOR VEHICLE COLLISION</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>MOTOR VEHICLE COLLISION</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>6:40 a.m. 9/20/62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>KANSAS CITY, CLAY, MO.</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald Seneker, Dep. Sheriff, Acting Coroner</u>		22b. ADDRESS <u>Sheriff's Office, Liberty, Mo.</u>	22c. DATE SIGNED <u>9/21/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-22-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>HENRYETTA, OKLAHOMA</u>
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer's Sons- NORTH KAN. CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>9-22-62 Marguerite Hudgens</u>	

DEC 11 1962

OCT 2 1962

OCT 19 1962

JAN 15 1963

OCT 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.